
FORM SUMMARY

Name of Form:	Family Medical History Questionnaire
Form Number:	FA-608
Statutory Reference:	Wis. Stats. §§767.24(7m) and 767.51(6)
Benchbook Reference:	FA 1
Purpose of Form:	To comply with §§767.24(7m) and 767.51(6) which require the court to order a noncustodial parent to complete a medical history questionnaire.
Who Completes It:	Completed by the appropriate parent(s).
Distribution of Form:	Noncustodial parent sends original to the clerk of court. The clerk then forwards the questionnaire to the physician. The court does not retain a copy.
Accompanying Forms:	None
New Form/Modification:	Modification; last update 6/00. Modification to form summary only.
Modification:	Several changes were made to the form summary to clarify that it is the clerk of court's responsibility to send the questionnaire to the physician. The Purpose of Form section was revised by removing that last part of previous sentence "for transmittal to the child's physician in the case of future medical need concerning the child(ren). The Distribution section was revised.
Comments:	<p>This questionnaire is required in both family and paternity proceedings.</p> <p>The clerk of court is required to send the questionnaire to the physician or other health care provider with primary responsibility for the treatment and care of the child as designated by the parent who is granted legal custody of the child. If there is more than one child, and each child has a different primary physician or medical provider, a separate form should be completed for each child.</p> <p>This form is intended to provide relevant medical information to medical professionals in the future if such is needed to treat the child(ren). This document must be sent by the court to the physician for inclusion in the child's medical records. The physician is required to keep the document confidential.</p> <p>RMC sought input from the State Medical Society of Wisconsin concerning possible revisions on this form to make the information collected as useful as possible to the medical practitioners who would be relying on it in the future. This version uses the wording, format and sequence for medical conditions suggested by the Society.</p> <p>The clerk may wish to retain a transmittal letter in the file for future reference.</p>
About this form:	<p>This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.</p> <p>If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.</p>